

Wisconsin Department of Safety and Professional Services

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Madison, WI 53708-8935

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1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dsps.wi.gov

Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

SIGN LANGUAGE INTERPRETER LICENSE APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐

Your name and address are available to the public.

Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

month

day

year

Daytime Telephone Number

() -

Ethnic/gender status
information is optional.

Sex:

☐ M

☐ F

Ethnic:

☐ White, not of Hispanic origin

☐ Black, not of Hispanic origin

☐ Hispanic

☐ American Indian or Alaskan

☐ Asian or Pacific Islander

☐ Other

Have you ever held a license/credential in the state of Wisconsin?

Yes

No

(please indicate)

If yes, provide your Wisconsin license/credential number.

The sign language interpreter license expires on August 31 of the odd-numbered year.

Professional Education (post-secondary schools, locations, degrees and dates of graduation) Attach additional sheets if necessary. **DATE OF**

SCHOOL

LOCATION (City/State)

DEGREE & MAJOR

GRADUATION (m/d/y)

APPLICATION FEES:

For Receipting Use Only

SEE PAGE 2 OF 5 FOR APPLICATION FEES.

Wisconsin Department of Safety and Professional Services

Check appropriate box and make check payable to the Department of Safety and Professional Services and attach to this application.

☐ **License Method 1:**

\$ 75.00 Initial Credential Fee:

- Holds an associate degree in sign language interpretation or a certificate of completion of an education and training program regarding sign language interpretation. (Complete Form #2928 or Form #2933)
- Plus one of the following:
 - Any valid certification granted by the Registry of Interpreters for the Deaf, Inc. or its successor.
 - A valid certification level 3, 4, or 5 granted by the National Association of the Deaf or its successor.
 - Any valid certification granted by any other organization that the Department determines is substantially equivalent to a certification specified in the two preceding bullet points.

☐ **License Method 2:**

\$ 75.00 Initial Credential Fee:

- Holds a valid certification granted by the Registry of Interpreters for the Deaf, Inc. or its successor.
- Satisfactory evidence of a diagnosis by a physician that the applicant is deaf or hard of hearing.

☐ **License Method 3:**

\$ 75.00 Initial Credential Fee:

- Within 24 months after establishing residency in the state, the applicant provides satisfactory evidence that the applicant holds one of the certifications:
 - Any valid certification granted by the Registry of Interpreters for the Deaf, Inc. or its successor.
 - A valid certification level 3, 4, or 5 granted by the National Association of the Deaf or its successor.
 - Any valid certification granted by any other organization that the Department determines is substantially equivalent to a certification in the two preceding bullet points.

And meets both of the following:

 - Applicant obtained the certification prior to establishing residency in the state.
 - Applicant held the certification at the time the applicant established residency in the state.

ANSWER THE FOLLOWING QUESTION:

YES

NO

1. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.

☐

☐

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Safety and Professional Services

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name**Middle Initial**

Last Name

Profession

Date of Birth

month

day

year

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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

EMAIL ADDRESS:

Do you have an email address?

☐ Yes

☐ **No**

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

If no, your checklist will be sent by first class mail.

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.